

## HOSPITAL SURGICAL PROCEDURES

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## SERVICES COVERED BY A CAPITATED MANAGED CARE PLAN

This list of ICD-9 codes is related to CPT codes which require physicians to obtain Prior Authorization from Medicaid. The Medicaid Prior Authorization requirements apply **ONLY** to services to be provided to a patient assigned to a Primary Care Provider or **not** enrolled in a managed care plan, such as a health maintenance organization (HMO). The patient's Medicaid Identification Card states the name of any plan(s) in which he or she is enrolled. A provider may also obtain this information by telephone or modem connection. Refer to Section 1 of the Utah Medicaid Provider Manual for more information about managed care plans and verifying eligibility.

This list does **NOT** apply to services to be provided to Medicaid patients who are enrolled in managed care plans. These patients receive services which are benefits of their plans. Each plan specifies services which are covered, those which require prior authorization and the conditions for authorization. Each plan also processes provider requests for authorization of services to be provided to Medicaid patients enrolled in that plan.

Medicaid processes Prior Authorization (PA) requests **ONLY** for services which may be covered directly by Medicaid. Medicaid cannot process PA requests for services included in a contract with a managed care plan. Providers requesting PA for services to a client enrolled in a managed care plan will be referred to that plan.

## SURGICAL PROCEDURES COVERED WITH PRIOR AUTHORIZATION

In the ICD-9 list which follows, 'PA' means Prior Authorization. Prior Authorization is an approval given to a physician for certain procedure codes by the Department of Health, Division of Health Care Financing, **prior** to services being rendered. Medicaid allows the physician to obtain PA by telephone for some procedures, or the request may also be made in writing. Medicaid requires the physician to obtain PA in writing for designated procedures. The PA requirement is indicated with a 'T' if it may be obtained by telephone or a "W" if the request must be in writing.

## CRITERIA

Numbered codes identify criteria used by Medicaid when reviewing a Prior Authorization request. Criteria are referenced by number. Refer to the list Criteria for Medical and Surgical Procedures which is a special attachment for two Utah Medicaid Provider Manuals: Hospital and Physician. Consent requirements for specific procedures (for example, sterilizations and abortions) are included with the criteria.

## RETROACTIVE AUTHORIZATION

A surgical procedure that requires Prior Authorization may be performed under certain emergency circumstances before the physician obtains authorization from Medicaid. If so, the procedure must be retroactively reviewed for payment. Exceptions will be considered under the following circumstances:

1. The procedure was performed in a life-threatening or justifiable emergency situation. Examples are the procedure to terminate an ectopic pregnancy or hysterectomy of a ruptured uterus with hemorrhage following labor and delivery.
2. Medicaid is responsible for the delay in approval.
3. The patient is retroactively eligible for Medicaid.
4. The service is determined to be cost-effective in treating the medical condition.

Approval for services related to these exceptions may be granted "after-the-fact" with appropriate documentation and review. Medicaid requires the following documentation for the prepayment review:

1. A completed Prior Authorization form, including the CPT code, Medicaid I.D. number for the patient, Medicaid provider number, and an explanation to justify the request for retroactive authorization for payment. Please include the name and telephone number of the person completing the request.
2. Documentation from the medical record to support the emergent nature of the procedure.
3. Consent form (abortion, sterilization, hysterectomy)
4. Patient history and physical
5. Operative report
6. Pathology report
7. Discharge summary

## **CORNEAL TRANSPLANT**

Effective October 29, 1996, the CPT codes 65710, 65730, 65750 and 65755, related to cornea transplantation, no longer require prior authorization.

## **HEART TRANSPLANT**

<b>ICD-9 Procedure Codes</b>	<b>Related CPT procedure code</b>	<b>P A</b>	<b>Criteria Number</b>
<b>37.51</b> Heart transplantation	33945 Heart transplant, with or without recipient cardiectomy	W	#28
37.62 Implant of other heart assist system	33979 Insertion of ventricular assist device, implantable intracorporeal, single ventricle.	T	#28
37.66 Implantation of pulsatile heart assist system			
37.62 Implant of other heart assist system		T	#28
37.63 Replacement or repair of heart assist system	33975 Insertion of ventricular assist device; extracorporeal, single ventricle		
37.64 Removal of heart assist system	33976 Insertion of ventricular assist device; extracorporeal, biventricular		
37.66 Implantation of pulsatile heart assist system	33977 Removal of ventricular assist device; extracorporeal, single ventricle		
	33978 Removal of ventricular assist device; extracorporeal, biventricular		

## **LUNG TRANSPLANT**

<b>ICD-9 Procedure Codes</b>	<b>Related CPT procedure codes</b>	<b>P A</b>	<b>Criteria Number</b>
33.5 Lung Transplant	32851 Lung transplant, single; without cardiopulmonary bypass	W	#29
33.50 Lung transplantation, not otherwise specified	32852 Lung transplant, single; with cardiopulmonary bypass	W	#29
33.51 Unilateral lung transplantation	32853 Lung transplant, double (bilateral sequential or en bloc) without cardiopulmonary bypass	W	#29
33.52 Bilateral lung transplantation		W	#29
	32854 Lung transplant, double (bilateral sequential or en bloc) with cardiopulmonary bypass	W	#29

## **LYMPH NODE EXCISION**

<b>ICD-9 Procedure Codes</b>	<b>Related CPT procedure codes</b>	<b>P A</b>	<b>Criteria Number</b>
40.3 Regional lymph node excision	57531 Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling; biopsy, with or without removal of tube(s), with or without removal of ovary(s)	T	#10
40.5 Radical excision of other lymph nodes			

**BONE MARROW TRANSPLANT**

ICD-9 Procedure Codes		Related CPT procedure codes	P A	Criteria Number
41.0	Bone marrow transplant	38240 Bone marrow transplantation; allogenic	W	#25
41.00	Bone marrow transplant, not otherwise specified			
41.02	Allogenic bone marrow transplant with purging			
41.03	Allogenic bone marrow transplant without purging			
41.05	Allogeneic hematopoietic stem cell transplant			
41.06	Cord blood stem cell transplant			
996.85	Bone Marrow – Graft vs Host disease (acute) (chronic)			
<b>99.79</b>	Other, harvest of stem cells			
41.31	Biopsy of bone marrow	38220 Bone marrow aspiration only	W	#25
		38221 Biopsy; needle or trocar	W	#25
41.01	Autologous bone marrow transplant w/o purging	38206 Blood derived hematopoietic progenitor harvesting for transplantation per collection autologous	W	#25
41.04	Autologous hematopoietic stem cell transplant w/o purging			
41.02	Allogenic bone marrow transplant with purging	38210 Specific cell depletion within harvest, T-cell depletion	W	#25
<b>41.06</b>	Cord blood stem cell transplant			
41.07	Autologous hematopoietic stem cell transplant with purging			
41.08	Allogenic hematopoietic stem cell transplant with purging			
41.00	Bone marrow transplant not otherwise specified	38211 Tumor cell depletion	W	#25
<b>41.06</b>	Cord blood stem cell transplant			
41.09	Autologous bone marrow transplant with purging	38212 Red blood cell depletion removal	W	#25
41.00	Bone marrow transplant not otherwise specified	38213 Platelet depletion removal	W	#25
41.07	Autologous hematopoietic stem cell transplant with purging			
41.08	Allogenic hematopoietic stem cell transplant with purging			
41.00	Bone marrow transplant not otherwise specified	38214 Plasma volume depletion	W	#25
		38215 Cell concentration in plasma, mononuclear or buffy coat layer	W	#25

<b>ICD-9 Procedure Codes</b>	<b>Related CPT procedure codes</b>	<b>P A</b>	<b>Criteria Number</b>
41.02 Allogenic bone marrow transplant with purging	38242 Allogenic donor lymphocyte infusions	W	#25
41.03 Allogenic bone marrow transplant w/o purging			
41.05 Allogenic hematopoietic stem cell transplant w/o purging			
<b>41.06</b> Cord blood stem cell transplant			
41.08 Allogenic hematopoietic stem cell transplant with purging			

### OTHER REPAIR OF STOMACH

<b>ICD-9 Procedure Codes</b>	<b>Related CPT procedure code</b>	<b>P A</b>	<b>Criteria Number</b>
44.66 Other procedures for creation of esophagogastric sphincteric competence	43280 Laparoscopy, surgical; esophagogastric fundoplasty (e.g., Nissen, Belsey IV, Hill, Toupet Procedures)	T	#6

### LIVER TRANSPLANT

<b>ICD-9 Procedure Codes</b>	<b>Related CPT procedure codes</b>	<b>P A</b>	<b>Criteria Number</b>
50.5 Liver transplant	47135 Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	W	#24
50.51 Auxiliary liver transplant	47136 Liver allotransplantation, heterotopic, partial or whole, from cadaver or living donor, any age	W	#24
50.59 Other transplant of liver			

### KIDNEY TRANSPLANT

Effective October 29, 1996, CPT codes 50320, 50340, 50360 and 50365, related to kidney transplantation, no longer require prior authorization.

<b>ICD-9 Procedure Codes</b>	<b>Related CPT procedure codes</b>	<b>P A</b>	<b>Criteria Number</b>
55.61 Renal autotransplantation	50380 Renal autotransplantation, reimplantation of kidney	W	#26

### TRANSURETHRAL PROSTATECTOMY

<b>ICD-9 Procedure Codes</b>	<b>Related CPT procedure codes</b>	<b>P A</b>	<b>Criteria Number</b>
60.21 Transurethral (ultrasound) guided laser induced prostatectomy (TULIP)	53850 Transurethral destruction of prostate tissue; by microwave thermotherapy	T	#10
	53852 . . . . by radio frequency thermotherapy	T	#10

## TRANSPLANTATION OF INTESTINE

ICD-9 Procedure Codes	Related CPT procedure codes	P A	Criteria Number
46.97 Transplantation of intestine	44135 Intestinal allotransplantation, from cadaver donor	W	#31
	44136 Intestinal allotransplantation, from living donor	W	#31

## NEUROSTIMULATORS

ICD-9 Procedure Codes	Related CPT procedure codes	P A	Criteria Number
04.92 Implantation or replacement of peripheral neurostimulator	<b>61885</b> Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver.		#32 A
04.93 Removal of peripheral neurostimulator	61888 Revision or removal of cranial neurostimulator pulse generator or receiver	W	#32 A
345.41 Partial epilepsy, with impairment of consciousness	64573 Incision for implantation of neurostimulator electrodes; cranial nerve	W	#32 A
345.51 Partial epilepsy, without mention of impairment of consciousness	64585 Revision or removal of peripheral neurostimulator electrodes	W	#32 B
	64590 Incision and subcutaneous placement of peripheral neurostimulator pulse generator receiver, direct of inductive coupling.	W	#32 B
	64595 Revision or removal of peripheral neurostimulator pulse generator receiver	W	#32 B
788.31 Urge incontinence	64561 Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	W	#32 B
	64581 Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	W	#32 B
NEUROSTIMULATORS continues on next page.			

ICD-9 Procedure Codes		Related CPT procedure codes	P A	Criteria Number
<b>03.93</b>	Insertion or replacement of spinal neurostimulator	<b>63650</b> Percutaneous implantation of neurostimulator electrode array, epidural	W	#32C
<b>03.94</b>	Removal of spinal neurostimulator			
<b>337.21</b>	Reflex sympathetic dystrophy upper limb			
<b>337.22</b>	Reflex sympathetic dystrophy lower limb			
<b>337.29</b>	Reflex sympathetic dystrophy of other specified site			
<b>353.0</b>	Brachial plexus lesions			
<b>353.1</b>	Lumbosacral plexus lesions			
<b>353.8</b>	Other nerve root plexus disorders			
<b>413.9</b>	Other angina pectoris			
<b>440.22</b>	Atherosclerosis extremities w rest pain			
<b>443.9</b>	Peripheral vascular disease	<b>63655</b> Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	W	#32C
<b>722.81</b>	Postlaminectomy syndrome, cervical			
<b>722.82</b>	Post LS, thoracic			
<b>722.83</b>	Post LS, lumbar			
<b>952.4</b>	Cauda equina			
<b>953.0</b>	Injury cervical root and spinal plexus			
<b>953.1</b>	Injury dorsal root and spinal plexus			
<b>953.2</b>	Injury lumbar root and spinal plexus			
<b>953.3</b>	Injury sacral root and spinal plexus			

**STERILIZATIONS and HYSTERECTOMIES**

ICD-9 Procedure Codes		Related CPT procedure codes	P A	Criteria Number
60.7	Operations on seminal vesicles	55600 Vesiculotomy	T	#10
60.72	Incision of seminal vesicle			
60.73	Excision of seminal vesicle	55605 Vesiculotomy; complicated	T	#10
60.79	Other operations on seminal vesicles			
60.73	Excision of seminal vesicle	55650 Vesiculectomy, any approach	T	#10
62.3	Unilateral orchiectomy	54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	W	#8
62.4	Bilateral orchiectomy	54530 Orchiectomy, radical, for tumor; inguinal approach	W	#8
		54535 Orchiectomy, radical, for tumor; with abdominal exploration	W	#8
		54690 Laparoscopy, surgical; orchiectomy	T	#8
<b>63.1</b>	Excision of varicocele and hydrocele of spermatic cord	<b>55530</b> Excision of varicocele or ligation of spermatic veins for varicocele (Separate procedure)	T	#10
		<b>55535</b> Excision of varicocele or ligation of spermatic veins for varicocele abdominal approach	T	#10
		<b>55540</b> Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair	T	#10
		<b>55899</b> Unlisted procedure, male genital system	T	#10
63.70	Male sterilization procedure not otherwise specified	52647 Non-contact laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethotomy are included)	T	#10
63.71	Ligation of vas deferens			
63.73	Vasectomy	52648 Contact laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	T	#10
		55250 Vasectomy, unilateral or bilateral (separate procedure) including postoperative semen examinations	T	#10
		55450 Ligation (percutaneous) of vas deferens unilateral or bilateral (separate procedure)	T	#10
64.3	Amputation of penis	54120 Amputation of penis; partial	W	#9
		54125 Amputation of penis; complete	W	#9
		54130 Amputation of penis, radical; with bilateral inguino-femoral lymphadenectomy	W	#9
		54135 Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	W	#9



ICD-9 Procedure Codes		Related CPT procedure codes	P A	Criteria Number
65.3	Unilateral oophorectomy	58943 Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, . . . .	T	#11
65.5	Bilateral oophorectomy			
65.51	Removal of both ovaries at same operative episode			
*	65.31	Laparoscopic unilateral oophorectomy	T	#11
	65.39	Other unilateral oophorectomy		
	65.53	Laparoscopic removal of both ovaries at same operative episode		
	65.54	Laparoscopic removal of remaining ovary	W	#16
	65.4	Unilateral salpingo-oophorectomy		
	65.41	Laparoscopic unilateral salpingo-oophorectomy		
	65.49	Other unilateral salpingo-oophorectomy	T	#10
	66.62	Salpingectomy w removal tubal pregnancy		
	65.41	Laparoscopic unilateral salpingo-oophorectomy		
	65.49	Other unilateral salpingo-oophorectomy	T	#11
	65.61	Other Bilateral salpingo-oophorectomy at same operation		
	65.63	Laparoscopic removal of both ovaries and tubes at same operative episode		
	65.64	Laparoscopic removal of remaining ovary and tube		

ICD-9 Procedure Codes		Related CPT procedure codes	P A	Criteria Number
65.61	Removal of both ovaries and tubes at same operative procedure	<b>58952</b> Resection of ovarian, tubal or primary peritoneal malignancy with BSO and omentectomy, radical with debulking	T	#11
		58951 Resection of ovarian malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	T	#11
		58953 Bilateral salpingo-oophorectomy with omentectomy, . . . .	T	#11
		58954 Bilateral salpingo-oophorectomy with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	T	#11
65.4	Unilateral salpingo-oophorectomy	58550 Laparoscopy, surgical; with vaginal hysterectomy for uterus 250 grams or less	T	#15
65.6	Bilateral salpingo-oophorectomy			
65.61	Removal of both ovaries and tubes at same operative procedure			
68.29	Other excision or destruction of lesion of uterus			
68.51	Lap vag hysterectomy (LAHV)			
68.59	Other vag hysterectomy			
40.3	Regional lymph node excision	57531 Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling; biopsy, with or without removal of tube(s), with or without removal of ovary(s)	T	#10
40.5	Radical excision other lymph nodes			
65.61	Other removal both ovaries & tubes			
65.62	Other removal remaining ovary & tube			
67.4	Amputation cervix			
*	65.3 Unilateral	58940 Oophorectomy, partial or total, unilateral or bilateral	T	#11
	65.31 Lap unilateral oophorectomy			
	65.39 Other unilateral oophorectomy			
	65.5 Bilateral oophorectomy			
	65.51 Other removal both ovaries			
	65.53 Lap removal both ovaries			
	65.54 Lap removal remaining ovary			
	65.3 Unilateral oophorectomy	58943 Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, . . . .	T	#11
	65.5 Bilateral oophectomy			
	65.51 Other removal both ovaries			

ICD-9 Procedure Codes		Related CPT procedure codes	P A	Criteria Number
65.6	Bilateral salpingo-oophectomy	58950 Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy	T	#11
65.61	Other removal both ovaries & tubes	58951 Resection of ovarian malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	T	#11
		58952 Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)	T	#11
65.62	Repair of fistula of cervix	57531 Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling; biopsy, with or without removal of tube(s), with or without removal of ovary(s)	T	#10
40.3	Regional lymphnode excision			
40.5	Radical excision of other lymphnodes			
65.61	Other removal of both ovaries & tubes			
67.4	Amputation of cervix			
65.3	Unilateral oophorectomy	59120 Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	W	#16
66.4	Total unilateral salpingectomy	59130 Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy, abdominal pregnancy	W	#16
66.6	Other salpingectomy	59135 Surgical treatment of ectopic pregnancy interstitial uterine pregnancy requiring total hysterectomy	W	#16
66.62	Salpingectomy with removal of tubal pregnancy	59136 Surgical treatment of ectopic pregnancy interstitial uterine pregnancy with partial resection of uterus	W	#16
66.69	Other partial salpingectomy	59140 Surgical treatment of ectopic pregnancy, cervical with evacuation	W	#16
66.2	Bilateral endoscopic destruction or occlusion of fallopian tubes	33967 Insertion of intra-aortic balloon assist device, percutaneous.	T	#28
66.21	Bilateral endoscopic ligation and crushing of fallopian tubes	58670 Laparoscopy, surgical with fulguration of oviducts (with or without transection )	T	#10
66.22	Bilateral endoscopic ligation and division of fallopian tubes	58600 Ligation or transection of Fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	T	#10
		58605 Ligation or transection of Fallopian tube(s), abdominal or vaginal approach, postpartum unilateral or bilateral, during the same hospitalization	T	#10
66.29	Other bilateral endoscopic destruction or occlusion of fallopian tubes	58611 Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (list separately in addition to code for primary procedure)	T	#10
		58615 Occlusion of Fallopian tube(s) by device (e.g., band, clip Falope ring) vaginal or suprapubic approach	T	#10

ICD-9 Procedure Codes		Related CPT procedure codes	P A	Criteria Number
<b>54.3</b>	Excision or destruction of lesion or abdominal wall tissue	<b>58662</b> Laparoscopy, surgical; with fulguration or excision of lesions of ovary, pelvic viscera, or peritoneal surface by any method.  58671 Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or falope ring)	T	#10
<b>54.4</b>	Excision or destruction of peritoneal tissue			
<b>65.25</b>	Other laparoscopic excision or destruction of ovary			
<b>65.29</b>	Other local excision or destruction of ovary			
66.3	Other bilateral destruction or occlusion of fallopian tubes			
66.31	Other bilateral ligation and crushing of fallopian tubes			
66.32	Other bilateral ligation and division of fallopian tubes			
66.39	Other bilateral destruction or occlusion of fallopian tubes	<b>58700</b> Salpingectomy (complete or partial), unilateral or bilateral (separate procedure)	T	#11
66.4	Total unilateral salpingectomy			
66.5	Total bilateral salpingectomy			
66.51	Removal of both fallopian tubes at same time at same operative episode			
66.6	Other salpingectomy	59151 Laparoscopic treatment for ectopic pregnancy (Salpingectomy and/or Oophorectomy)	W	#16
65.4	Unilateral salpingo-oophorectomy			
66.62	Salpingectomy with removal of tubal pregnancy	58353 Endometrial ablation, thermal, without hysteroscopic guidance 58555 Hysteroscopy, diagnostic 58559 Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method) 58560 Hysteroscopy, surgical; with division and resection of intrauterine septum (any method) 58561 Hysteroscopy removal of leiomyomata 58562 Hysteroscopy, surgical; with removal of impacted foreign body	T	#13
68.12	Hysteroscopy		T	#13
			T	#13
			T	#13
			T	#13
			T	#13
			T	#13
68.16	Closed biopsy of uterus	58558 Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C	T	#13
68.12	Hysteroscopy	58563 Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	T	#10
68.23	Endometrial ablation			

ICD-9 Procedure Codes		Related CPT procedure codes	P A	Criteria Number
<b>68.23</b>	Endometrial ablation	58140 Myomectomy, excision of fibroid, tumor of uterus, single or multiple (separate procedure); abdominal approach	T	#12
68.29	Other excision or destruction of lesion of uterus	58145 Myomectomy, excision of fibroid, tumor of uterus; vaginal approach 1 to 4 intramural myomas with total weight ≤ 250 grams.	T	#12
		58146 . . . excision of fibroid tumors of uterus, 5 or more intramural myomas and/or intramural myomas with total weight > 250 grams, abdominal approach	T	#12
		58545 Laparoscopic myomectomy, excision; 1 to 4 intramural myomas with total weight ≤ 250 grams	T	#12
		58546 5 or more intramural myomas and/or intramural myomas with total weight > 250 grams	T	#12
65.53	Lap removal of both ovaries same OR	58552 . . . with removal of tubes and ovaries	T	#12
65.54	Lap removal remaining ovary			
65.63	Lap removal both ovaries & tubes	58553 Laparoscopic vaginal hysterectomy for uterus > 250 grams	T	#12
65.64	Lap removal remaining ovary & tube	58554 . . . with removal of tubes and ovaries	T	#12
68.51	Lap vaginal hysterectomy (LAVH)			
<b>68.31</b>	Laparoscopic supracervical hysterectomy	58180 Supracervical abdominal hysterectomy (subtotal hysterectomy) with or without removal of tube(s), with or without removal of ovary(s)	T	#14
<b>68.39</b>	Other subtotal abdominal hysterectomy, NOS (Supracervical hysterectomy)	59525 Subtotal or total hysterectomy after cesarian delivery	W	#16
68.4	Total abdominal hysterectomy	58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary (s)	T	#14
		58152 Total abdominal hysterectomy (corpus and cervix), with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type)	T	#14
		58200 Total abdominal hysterectomy, including partial vaginectomy, with limited para-aortic and pelvic lymph nodes sampling with or without removal of tube(s), with or without removal of ovary(s)	T	#14
68.5	Vaginal hysterectomy	58260 Vaginal hysterectomy	T	#15
68.59	Other vaginal hysterectomy	58262 Vaginal hysterectomy, with removal of tubes(s), and/or ovary(s)	T	#15
		58263 Vaginal hysterectomy, with removal of tube(s), and/or ovary(s) with repair of enterocele	T	#15
		58267 Vaginal hysterectomy, with colpo-urethrocystopexy (Marshall-Marchetti-Kranz type, Pereyra type, with or without endoscopic control)	T	#15
		58270 Vaginal hysterectomy, with repair of enterocele	T	#15
		58275 Vaginal hysterectomy, with total or partial colpectomy	T	#15
		58280 Vaginal hysterectomy, with repair of enterocele	T	#15

ICD-9 Procedure Codes		Related CPT procedure codes	P A	Criteria Number
68.51	Laparoscopically assisted vaginal hysterectomy	58550 Laparoscopy, surgical; with vaginal hysterectomy for uterus 250 grams or less	T	#15
68.59	Other vaginal hysterectomy			
68.5	Vaginal hysterectomy	58290 Vaginal hysterectomy for uterus > 250 grams	T	#15
65.61	Other removal of both ovaries and tubes at same operative episode	59291 . . . with removal of tubes and ovaries	T	#15
		58292 . . . with removal of tubers, ovaries, and repair enterocele	T	#15
65.62	Removal remaining tube & ovary			
70.92	Repair of vaginal enterocele	58293 . . . with colpo-ureterocystopexy (Marshall Marchetti- Krantz type, Pereyra type) w or w/o endoscopic control	T	#15
59.5	Retroperitoneal urethral suspension (Birch, Marshall-Marchetti-Krantz)			
59.6	Paraurethral suspension (Pereyra)	58294 . . . with repair of enterocele	T	#15
68.6	Radical abdominal hysterectomy	58210 Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para aortic lymph node sampling (biopsy) with or without removal of tube(s) with or without removal of ovary(s)	T	#14
68.7	Radical vaginal hysterectomy	58285 Vaginal hysterectomy, radical (Schauta type operation)	T	#15
68.8	Pelvic evisceration	45126 Pelvic exenteration for colorectal malignancy, with proctectomy, (with or without colostomy) with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof.	T	#14
		58240 Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or with out removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, any combination thereof.	T	#14
<b>68.39</b>	Partial or subtotal hysterectomy	59525 Subtotal or total hysterectomy after cesarian delivery	W	#16
68.9	Other and unspecified hysterectomy			
69.42	Closure of fistula of uterus	51925 Closure of vesicouterine fistula, with hysterectomy	T	#14
154.0	Malignant neoplasm of rectosigmoid junction	45126 Pelvic exenteration for colorectal malignancy, with proctectomy, (with or without colostomy) with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof.	T	#14
154.1	Malignant neoplasm of rectum			

## ABORTIONS

ICD-9 Procedure Codes		Related CPT procedure codes	P A	Criteria Number
68.0	Hysterotomy	59100 Hysterotomy, abdominal (e.g., for hydatidiform mole, abortion)	W	#17
69.01	Dilatation and curettage for termination of pregnancy	59840 Induced abortion, by dilatation and curettage	W	#17
<b>69.93</b>	Insertion of laminaria	<b>59855</b> Induced abortion by one or more vaginal suppositories (prostaglandin), with or without cervical dilation (laminaria)	W	#17
<b>96.49</b>	Other genitourinary instillation			
<b>69.01</b>	Dilatation and curettage for termination of pregnancy	59856 . . . with dilation and curettage and/or evacuation	W	#17
<b>69.51</b>	Aspiration curettage of uterus for termination of pregnancy			
<b>69.93</b>	Insertion of laminaria			
<b>96.49</b>	Other genitourinary instillation			
<b>69.01</b>	Dilatation and curettage for termination of pregnancy	59841 Induced abortion by dilatation and evacuation	W	#17
69.51	Aspiration curettage of uterus for termination of pregnancy	<b>59851</b> Induced abortion with D&C and/or evacuation	W	#17
<b>75.0</b>	Intra-amniotic injection for abortion			
<b>69.51</b>	Aspiration curettage of uterus for termination of pregnancy	59870 Uterine evacuation and curettage for hydatidiform mole	W	#17
<b>69.93</b>	Insertion of laminaria	<b>59857</b> . . . with hysterotomy (failed medical evacuation	W	#17
<b>74.91</b>	Hysterotomy to terminate pregnancy			
<b>96.49</b>	Other genitourinary instillation			
74.91	Hysterotomy to terminate	59852 Induced abortion with hysterotomy (failed intra-amniotic injection)	W	#17
<b>75.0</b>	Intra-amniotic injection for abortion			
75.0	Intra-amniotic injection for abortion	59850 Induced abortion by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of a fetus and secundines	W	#17

**US in PREGNANCY**

<b>ICD-9 Procedure Codes</b>	<b>Related CPT procedure codes</b>	<b>P A</b>	<b>Criteria Number</b>
The following code combinations allow one US without Prior Authorization: 623.8 Vaginal bleeding 625.9 Pelvic pain V 22.0 Supv.. norm. 1 <sup>st</sup> pregnancy V22.1 Supv. norm. pregnancy V 23.3 Grand multiparity Additional US require ICD9 diagnosis of complication in mother and/or fetus	76801 US, Pregnant uterus <14 weeks gestation	T	#39
	76802 . . . each additional gestation	T	#39
	76805 US Pregnant uterus , >14 weeks gestation	T	#39
	76810 . . . each additional gestation		
	76811 US, pregnant uterus; fetal and maternal evaluation	T	#39
	76812 . . . each additional gestation	T	#39
	76815 . . . limited	T	#39
	76816 . . . followup	T	#39
	76817 . . . transvaginal	T	#39

**MRI**

<b>ICD-9 Procedure Codes</b>	<b>Related CPT procedure codes</b>	<b>P A</b>	<b>Criteria Number</b>
87.09 Other imaging soft tissue neck 87.21 Contrast myelogram 87.22 Other imaging cervical spine 88.93 MRI spinal canal	72141 MRI spinal canal and contents, cervical without contrast	W	#40B
	72142 MRI spinal canal and contents, cervical with contrast	W	#40B
	72156 MRI spinal canal and contents, cervical without, with contrast, sequences	W	#40B
87.21 Contrast myelogram 87.23 Other imaging thoracic spine 88.93 MRI spinal canal	72146 MRI spinal canal and contents, thoracic without contrast	W	#40B
	72147 MRI spinal canal and contents, thoracic with contrast	W	#40B
	72157 MRI spinal canal and contents, thoracic without, with contrast, sequences	W	#40B
87.21 Contrast myelogram 87.24 Other imaging lumbosacral spine 88.93 MRI spinal canal	72148 MRI spinal canal and contents, lumbar without contrast	W	#40B
	72149 MRI spinal canal and contents, lumbar with contrast	W	#40B
	72158 MRI spinal canal and contents, lumbar without, with contrast, sequences	W	#40B



**INCISION AND EXCISION OF JOINT STRUCTURES**

ICD-9 Procedure Codes		Related CPT procedure codes	P A	Criteria Number
80.21	Shoulder arthroscopy	29805 Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	T	#4 and/or InterQual
		29806 Arthroscopy, shoulder, surgical; capsulorrhaphy	T	#4 and/or InterQual
		29807 . . . repair of slap lesion	T	#4 and/or InterQual
		29819 . . . with removal of loose or foreign body	T	#4 and/or InterQual
83.63	Rotator cuff repair	29827 . . . with rotator cuff repair	T	#4 and/or InterQual
<b>80.71</b>	Synovectomy shoulder	29820 . . . with synovectomy, partial	T	#4 and/or InterQual
		28921 . . . with synovectomy, complete	T	#4 and/or InterQual
<b>80.71</b>	Synovectomy shoulder	<b>28922</b> . . . with debridement, limited	T	#4
<b>80.81</b>	Other local excision, destruction lesion at shoulder			
<b>80.81</b>	Other local excision destruction joint lesion at shoulder	29823 . . . debridement, extensive	T	#4 and/or InterQual
		29825 . . . with lysis and resection of adhesions w or w/o manipulation	T	#4 and/or InterQual
<b>80.91</b>	Other excision of joint at shoulder	29826 . . . decompression of subacromial space with partial acromioplasty w or w/o coracoacromial release	T	#4 and/or InterQual
80.22	Arthroscopy, elbow	29830 Arthroscopy elbow, diagnostic	T	#4 and/or InterQual
		29834 Arthroscopy surgical, with removal loose or FB	T	#4 and/or InterQual
<b>80.72</b>	Synovectomy at elbow	29835 . . . synovectomy, partial	T	#4 and/or InterQual
<b>80.82</b>	Other excision destruction joint lesion at elbow	29836 . . . synovectomy, complete	T	#4 and/or InterQual
		29837 . . . debridement limited	T	#4 and/or InterQual
		29838 . . . debridement, extensive	T	#4 and/or InterQual
80.23	Arthroscopy, wrist	29840 Arthroscopy wrist, diagnostic	T	#4 and/or InterQual
		29843 Arthroscopy wrist, surgical, for infection, lavage and drainage	T	#4 and/or InterQual
		29848 endoscopy wrist, with relase of transvers carpal ligament	T	#4 and/or InterQual
<b>80.73</b>	Synovectomy at wrist	29844 . . . synovectomy partial	T	#4 and/or InterQual
		29845 . . . synovectomy, complete	T	#4 and/or InterQual
80.8	Other local excision/destruction joint lesion	29846 . . . excision of triangular fibrocartilage and/or joint debridement	T	#4 and/or InterQual
80.9	Other excision of joint	29847 . . . internal fixation for fracture or instability	T	#4 and/or InterQual
80.25	Hip arthroscopy	29860 Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	T	#4 and/or InterQual
		29861 Arthroscopy, hip, surgical; with removal of loose body or foreign body	T	#4 and/or InterQual
		29862 . . . . with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	T	#4 and/or InterQual

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ICD-9 Procedure Codes		Related CPT procedure codes	P A	Criteria Number
<b>81.62</b>	Fusion or refusion of 2-3 vertebrae	22548 Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C-2 (atlas-axis) with or without excision of odontoid process	W	Criteria #2
<b>81.63</b>	Fusion or refusion of 4-8 vertebrae	22585 each additional interspace (list separately in addition to code for primary procedure (one of the following:)		
<b>81.64</b>	Fusion or refusion of 9 or more vertebrae	22554 -Arthrodesis, cervical below C2		
		22556 - thoracic		
		22558 - lumbar		
		22614 Each additional vertebral segment. (List separately in addition to code for primary procedure (One of the following:)	W	Criteria #3
80.52	Intervertebral chemonucleolysis	22600 - Arthrodesis, posterior or posterolateral technique, single, cervical below C2 segment		
		22610 - Thoracic		
		22612 - lumbar		
		22632 Each additional interspace (List separately in addition to code for primary procedure (Primary procedure below:	W	Criteria #3
80.75	Hip synovectomy	22630 - Arthrodesis, posterior interbody technique, including laminectomy and/or diskectomy to prepare interspace (other than decompression), single interspace; lumbar		
		62287 Aspiration procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method single or multiple levels, lumbar	T	#4 and/or InterQual
80.75	Hip synovectomy	62292 Injection procedure of chemonucleolysis, including diskography intervertebral disc, single or multiple levels; lumbar		
		29863 Arthroscopy, hip, surgical; with synovectomy		

**OPERATIONS ON MUSCLE, TENDON, FASCIA AND BURSA, EXCEPT HAND**

ICD-9 Procedure Codes		Related CPT procedure codes		P A	Criteria Number
83.14	Fasciotomy	29893	Endoscopic plantar fasciotomy	T	#4 and/or InterQual
80.29	Arthroscopy ankle				

**MANDIBULAR RECONSTRUCTIVE SURGERY**

ICD-9 Procedure Codes		Related CPT procedure codes		P A	Criteria Number
<b>524.5</b>	Dentofacial functional abnormality	21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	W	#5B
<b>524.8</b>	Other specified dentofacial abnorm.				
<b>524.9</b>	Unspecified dentofacial abnormality	21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	W	#5B
<b>802.30</b>	Fracture mandible, open, NOS thru				
<b>802.39</b>	Fracture mandible multiple sites				

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